

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550033

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52		1				
3		1					53						
4		1					54		1				
5	1						55						
6		1					56	1					
7		1					57		2				
8		1					58		1				
9		8					59		2				
10		8					60		2				
11		8					61		2				
12		8					62		2				
13		8					63		2				
14		8					64		2				
15		8					65		2				
16		8					66		2				
17		8					67		2				
18		8					68		2				
19		8					69		2				
20		8					70		2				
21		8					71		2				
22		8					72		2				
23		8					73		2				
24	1						74		2				
25		8					75		2				
26		8					76		2				
27		8					77		2				
28		8					78		2				
29		8					79		2				
30		8					80		2				
31		8					81		2				
32		8					82		2				
33		8					83		2				
34		8					84		2				
35		8					85		2				
36		8					86		2				
37		8					87		2				
38		8					88		2				
39	1						89		2				
40		1					90		2				
41		1					91		2				
42		1					92		2				
43		1					93		2				
44		1					94		2				
45		1					95		2				
46		1					96		2				
47		1					97		2				
48		1					98		2				
49		1					99		2				
50		1					100		2				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						